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Ontario gives hospitals power to transfer patients without consent as Theresa Tam calls for stricter COVID-19 controls

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Chief Public Health Officer Theresa Tam speaks during a technical briefing on the COVID pandemic in Canada, Jan. 15,

2021 in Ottawa.

ADRIAN WYLD/THE CANADIAN PRESS

Canada's top doctor called for stronger measures to control the COVID-19 pandemic on Friday as Ontario marked new case-count and intensive-care records and gave hospitals the power to transfer patients to field hospitals or different hospitals without their consent.

"The race between the vaccine and the variants is at a critical point," Dr. Theresa Tam told reporters. "It is clear that we need stronger control to combat variants of concern that are driving rapid epidemic growth in many areas of the country."

GLOBE BACKGROUND

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Ontario reported a record-high 4,227 new cases of COVID-19 on Friday – the single biggest tally since the pandemic began. (A previous high of 4,249 in January included a data delay from previous days.) Intensive-care units continue to set new records of COVID-19 patients, with 552 on Friday.

Late on Friday, the province issued two emergency orders that underscored the pressure hospitals are under.

The first order allows physicians to transfer patients to field hospitals or a different hospital without their consent. The order says the transfer would only be allowed if the hospital is overwhelmed by COVID-19 or imminently risks being overwhelmed.

The second order allows community health agencies and Ontario Health to redeploy staff and overrides collective agreements and the union grievance process. With respect to work responsibilities and staffing, the agencies are allowed to take "any reasonably necessary measure to assist hospitals" in an outbreak. "Staff will have the right to refuse a deployment assignment," provincial government spokesperson Alexandra Hilkene said.

Canada has now seen more than 1,036,000 COVID-19 cases, the Chief Public Health Officer said, and 23,200 people have died as a result of the virus. Even more troubling, she said, is that public-health officials across the country are seeing increases in severe illness and death. Last week there was a 7-per-cent increase in hospital admissions and a 23-per-cent increase in the number of COVID-19 patients in intensive care.

“Right now, what is of concern to me is the ICUs filling up,” Dr. Tam said.

On a national scale, the “strong resurgence” in cases is closely matching modelling released two weeks ago by the Public Health Agency of Canada, Dr. Tam said. That data showed that without tighter restrictions on mobility and social contact, daily case counts would hit 8,000 by mid April. On Thursday the country reported 7,981 new cases.

Over the past seven days Alberta has had the highest rate of COVID-19 cases, followed by Ontario and British Columbia. But Ontario has the most cases linked to variants of concern, and its seven-day case count more than doubles that of any other province at 21,652, according to the federal public-health agency. In that same time period Newfoundland and Labrador reported two new cases and Nunavut and the Yukon reported none.

The impact of the out-of-control growth in COVID-19 cases is affecting other patients in Ontario’s health care system, as well as students. On Friday, officials in Ottawa warned parents that their kids likely won’t go back to school after their spring break.

In all but the northern health region, hospitals have been told to cancel non-emergency surgeries to ease the pressure on intensive-care units, starting Monday. The Hospital for Sick Children in Toronto opened up an intensive-care ward for adults, and hospitals in regions with low case numbers have been told that their staff may be asked to backfill in hard-hit areas of the province. Long-term care homes, where the burden of COVID-19 has eased with vaccinations, are also being asked to accept two to three residents a week to relieve pressure on hospitals.

Still, on Friday Premier Doug Ford played down the crisis.

“If you look around the world, Ontario is doing pretty well right now,” he said at a photo-op where reporters were not allowed to ask questions. Mr. Ford, who received the AstraZeneca vaccine on Friday, said the province is shifting its focus to ramp up vaccinations and limit mobility through a stay-at-home order to ease the burden on critical care.

Alberta and Quebec also imposed more restrictions on businesses and individuals this week. Dr. Tam said the measures are not enough to control the pandemic, which is driven by the more contagious and more deadly variants. But she gave no specific examples of what new measures should be imposed, despite repeated questions seeking more clarity.

Dr. Tam warned that case counts will likely continue to climb as the fallout from holiday gatherings emerges in coming weeks.

“Many of my colleagues are of course worried about what happened at the Easter long weekend, so all of that will be playing out,” Dr. Tam said. “Right now, what is of concern to me is the ICUs filling up.”

In Ontario, ICU doctors and hospital officials have warned for months that a surge in already strained hospitals could force the use of an emergency triage protocol that would see them deny life-saving care to patients with the lowest chance of survival.

Anthony Dale, president and CEO of the Ontario Hospital Association, said the ICU system has about 1,900 occupied beds, with more than one quarter of that taken up by COVID-19 patients. Under extreme duress the system has a maximum capacity of 2,300 beds, he said; hospitals are scrambling to add another 300 to deal with the crisis. The province’s modelling has suggested there could be a total of 800 COVID-19 patients in ICUs in just a few weeks.

Some hotspot hospitals might have to enact the triage protocol if a surge at a completely packed ICU outstrips the system’s ability to find beds elsewhere, Mr. Dale warned.

Opposition leaders and critics in the medical community have questioned why it took Mr. Ford until this week to issue a sweeping stay-at-home order, despite months of warnings from the province’s own science advisers.

Lisa Salamon, an emergency-room physician in Toronto’s hard-hit Scarborough area, said ICU pressures have had a trickle-down effect on emergency departments, which now have to treat critically ill patients in hallways – and that’s in addition to regular patients. Physicians are also being asked to transfer to busier ICUs and COVID-19 wards, she said.

“A year into the pandemic, there is no excuse to be in the position that we’re in,” she said. “We all told the government this was going to happen.”

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